STUDENT EXIT FORM (SEF)

> *Data on demographics, transition services and contact information should be gathered on each student who will exit or has exited high school.*

DEMOGRAPHICS SECTION

1. School district (name): _____
2. High school (name): _____
3. School district CTD number: _____
4. Student's name: First _____M.I. _____Last _____
5. Student's SAIS ID: _____
6. Completed by (name): _____

7. Student's date of birth: Month (mm): ____Day (dd): ____Year (yyyy): _____

8. School year in which this student exited school 20____to 20____

9. Student's PRIMARY special education disability (check only one option):
   _____ Learning disability (1)
   _____ Mild mental retardation (2)
   _____ Moderate mental retardation (3)
   _____ Severe mental retardation (4)
   _____ Speech or language impairment (5)
   _____ Emotional disability (6)
   _____ Hearing impairment (7)
   _____ Visual impairment (8)
   _____ Multiple disabilities severe sensory impairment (9)
   _____ Orthopedic impairment (10)
   _____ Multiple disabilities (11)
   _____ Other health impairment (12)
   _____ Autism (13)
   _____ Traumatic brain injury (14)

10. Gender in school records (check only one option):
    _____ Female (1)
    _____ Male (2)

11. Ethnicity in school records (check only one option that best represents the student)
    _____ White (1)
    _____ African-American or Black (2)
    _____ Hispanic (3)
    _____ American Indian (4)
    _____ Asian (5)
    _____ Unknown (98)

12. Was this student identified as an English Language Learner (ELL) during the student's last year of school?
    _____ NO (1)
    _____ YES (2)
    _____ Unknown (98)

13. Manner in which student exited school (check only one option)
     _____ Graduated with a regular diploma (1)
     _____ Aged out of high school (2)
     _____ Dropped-out (3)
     _____ Other (4) (please specify): _____
     _____ Information is Not Available /Don't Know (98)

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TRANSITION SERVICES/EXPERIENCES IN LAST YEAR OF HIGH SCHOOL SECTION

14. In the last year of high school, does/did the student work in any of the following? (Check each option that applies.)

     _____ Volunteer (1)
     _____ Work experience/work study (2)
     _____ Competitive employment (3)
     _____ Service learning (4)
     _____ Unknown (98)
     _____ None (99)

15. During high school is/was the student referred to any of the following? (Check each option that applies)
     _____ One Stop Centers (1)
     _____ Division of Developmental Disabilities (2)
     _____ Vocational Rehabilitation (3)
     _____ Mental Health (4)
     _____ Social Security (5)
     _____ Technical or Trade School (6)
     _____ Institution of Higher Education (7)
     _____ Other (8) (please specify): _____
     _____ Unknown (98)

16. Is/Was a measurable postsecondary goal(s) included on the student's IEP?
     _____ NO (1)
     _____ YES (2)
     _____ Unknown (98)
If YES,
16a. _____ Employment (1)
16b. _____ Postsecondary education (2)
16c. _____ Further training (3)
16d. _____ Independent living (4)
16e. _____ Other (5) (please specify): _____

17. During high school did the student complete a course(s) specifically designed to assist him/her in reaching their postsecondary goal(s)?
     _____ NO (1)
     _____ YES (2)
     _____ Unknown (98)

CONTACT INFORMATION AFTER LEAVING HIGH SCHOOL

Student's Name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Address with city, state and zip: _____

_____

Family Member/Friend's Name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Address with city, state and zip: _____

_____

Family Member/Friend's Name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Address with city, state and zip: _____

_____

Family Member/Friend's Name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Address with city, state and zip: _____

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